

Political Organization  
Notice of Section 527 Status

OMB No. 1545-1693

**Part I** General Information

1 Name of organization <u>CITIZENS TO RE-ELECT THOMAS J. WALSH</u>		Employer identification number <u>36:4196985</u>
2 Mailing address (P.O. Box or number, street, and room or suite number) <u>P.O. Box 1261</u>		
City or town, state, and ZIP code <u>LAGRANGE PARK, ILLINOIS 60526</u>		
3 E-mail address of organization <u>N/A</u>		
4a Name of custodian of records <u>KATHERINE LORRIBAN</u>	4b Custodian's address <u>344 NORTH EDGEWOOD</u> <u>LAGRANGE PARK, ILLINOIS 60526</u>	
5a Name of contact person <u>KATHERINE LORRIBAN</u>	5b Contact person's address <u>344 NORTH EDGEWOOD</u> <u>LAGRANGE PARK, ILLINOIS 60526</u>	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number <u>350 NORTH EDGEWOOD</u> City or town, state, and ZIP code <u>LAGRANGE PARK, ILLINOIS 60526</u>		

**Part II** Purpose

7 Describe the purpose of the organization

STATE OF ILLINOIS POLITICAL ORGANIZATIONRECEIVED IN CORRES  
IRS-OSC 7616JUL 30 2000  
OGDEN, UTAH**Part III** List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
<u>None</u>		

**9a Name**

**9b Title**

**9c Address**

THOMAS S. WALSH

Director

350 NORTH EGGELWOOD

LAGRANGE PARK, ILLINOIS 60526

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign  
Here**

Signature of authorized official

Date \_\_\_\_\_